

Project Title

Qualitative Exploration of Patients' Experiences with the Geriatric Services Hub: A Multi-Site Frailty Management Model in Singapore

Project Lead and Members

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4 Healthcare Services & Outcomes Research Department, National Healthcare Group, Singapore

Healthcare Family Group(s) Involved in this Project

Allied Health, Medical, Healthcare Administration

Applicable Specialty or Discipline

Geriatric Medicine

Project Period

Start date: 01-Apr-2019

Completed date: 31-Mar-2023

Aims

This study aims to find out the lived experience of older adults receiving care from GSH across four implementation sites.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

- In conclusion, participants shared **positive experience** with the GSH team and perceived the **programme to be beneficial**.
- These are **important factors** to understand the enablers and constraints with regards to the implementation and effectiveness of GSH.
- Moving forward, this multi-site management model could be further sustained and scaled up **in line with national efforts such as Healthier SG and 3 Beyonds** to support older adults with frailty in Singapore.

Conclusion

See poster appended/ below

Additional Information

Singapore Health & Biomedical Congress (SHBC) 2022: Singapore Young Investigator Award (Health Services Research) (Oral category) – (Merit Award)

Project Category

Care Continuum, Preventive Care, Community Health, Intermediate and Long Term Care & Community Care, Home Care

Applied/ Translational Research, Qualitative Research

Keywords

Frailty Care, Comprehensive Geriatric Assessment, Care Coordination,
Multidisciplinary Team Care

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INTRODUCTION

- The proportion of older adults aged 65 years and above in Singapore is expected to increase to 25% by 2030. Hence, the prevalence of community-dwelling older adults living with frailty is expected to rise accordingly. Frail older adults tend to accumulate multiple chronic conditions, experiencing functional, cognitive and social challenges.
- A novel frailty management model called the Geriatric Services Hub (GSH) has been operationalised in a community-based setting by five different hospital-based teams to deliver comprehensive geriatric assessment (CGA), and coordinate frailty care services in the community via a trained multi-disciplinary team.
- Understanding the experiences of older adults receiving care from the GSH is imperative to holistically assess the intervention's influence on their health and the service's acceptability, and the sustainability of the service. Thus, this study aims to find out **the lived experience of older adults receiving care from GSH across four implementation sites**.

METHODS

- Study design:** qualitative design using an interpretative approach.
- Sampling method:** purposive sampling, proportional to enrolment numbers per implementation site.
- Participants:** GSH participants who were (i) **65 years old and above**, (ii) **enrolled into GSH for at least 3 months**, (iii) **with no cognitive impairment or hearing difficulties**.
- Interview guide:** thematically developed based on patient's journey at each implementation site and literature review.
- Procedure:** 30 in-depth interviews were conducted face-to-face between November 2021 and January 2022. Each interview ranged from 30 to 60 minutes, were conducted in English or Mandarin, audio recorded, translated and transcribed verbatim.
- Data analysis:** inductive thematic coding was adopted with the support of NVivo v11. Themes and sub-themes were derived from the coding until data saturation. Iterative team discussions were conducted to finalise the coding framework.

RESULTS

Figure 1: Study participants' demographics (n=30)



No formal education (40.0%)
Primary school (36.7%)
Secondary school & above (23.3%)



1-2 room HDB flat (43.3%)
4-room HDB flat (30.0%)
5-room HDB flat & Others (26.7%)



Living alone (53.3%)
Living with others (46.7%)
(Including spouse, children, grandchildren, domestic helper, friends and others)



Retired (age) (50.0%)
Retired (ill health) (20.0%)
Housewife (16.7%)
Others (13.3%)



Allowance from family (66.7%)
Financial assistance (46.7%)
CPF or pension (23.3%)

Figure 2: Four major themes

THEME 1: PERCEIVED RECEPTIVITY TOWARDS FRAILTY AND FRAILTY INTERVENTIONS

- Majority lacked understanding of frailty concept.**
"No I haven't. I don't recall elderly frailty, I haven't paid attention." (PAT4, female)
- Some were not aware of GSH as a frailty intervention programme or why GSH was recommended to them.**
"Don't know about GSH programme". (PAT13, male)
- Some perceived that frailty interventions might not change their health.**
"Programme everything they tell to me, everything I like. But I never change, never change one (...) They all say the programme, talk to me like that- I accept, never change the thing." (PAT16, male)

THEME 2: PERCEIVED FACILITATORS AND BARRIERS TO UTILISING GSH SERVICES

- More appreciated the convenience of home-based CGA and the proximity to GSH sites.**
"It would be convenient as we won't have to go out." (PAT15, female)
- However, participants' disability might limit their utilisation of GSH services.**
"I'm visually handicapped, so even if I go to the polyclinic, my husband will have to bring me there." (PAT28, female)
- Some expressed concern over out-of-pocket payment and long term sustainability.**
"When I come back from hospital then somebody call me go to the exercise. (...) Private. \$45 pay first for the exercise. Then transport \$10, every Monday. Until now I never go." (PAT21, female)

THEME 3: PATIENT ACTIVATION FOR POST-CGA CARE

- At post-CGA, some participants expressed low motivation in maintaining physical activities on their own.**
"I'm a very lazy person, really very lazy. I easily fall asleep." (PAT22, male)
- Conversely, some attempted to keep up physical activities.**
"I do a lot of walking. When I go out I will keep on walking." (PAT30, male)
- There was mixed awareness of what is beneficial for their health.**
 - "What's most important is you must be very mindful of what you eat, and your sleep". (PAT18, male)
 - "I'm not too clear about nutrition". (PAT9, female)

THEME 4: PERCEIVED SATISFACTION WITH GSH PROGRAMME

- Participants expressed contentment with having someone remind them of appointments and arrange for care.**
"I feel he's really a very caring person. He's the one making all the arrangement." (PAT8, female)
- Majority expressed high satisfaction with GSH staff who were knowledgeable and caring.**
"The doctor was very good, she has a lot of suggestions. Her recommendations are very good and helpful." (PAT14, female)
- Overall, participants perceived that the GSH programme was beneficial to their health.**
"I accept it. I think it's very good". (PAT27, female)

DISCUSSION & CONCLUSION

- The study revealed four important factors that enabled and constrained the effectiveness and implementation of GSH.
- Older adults' perceptions and lack of awareness towards frailty may call for further initiatives to enhance public education on frailty.
- To support home-based CGA and keep the programme affordable in the long run, further resources beyond the current funding may be required.
- Challenges in maintaining physical activities on their own may suggest the incorporation of social factors into the intervention design to support its implementation and sustainability.
- Overall, participants shared positive experience with the GSH team and perceived the programme to be beneficial.

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